

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

06

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		331338.52
(b) Cash on Hand at Beginning of Reporting Period	444938.41	
(c) Total Receipts (from Line 19)	115679.20	330116.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	560617.61	661455.39
7. Total Disbursements (from Line 31)	52349.05	153186.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	508268.56	508268.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	100268.02	271611.20
(i) Itemized (use Schedule A)		
(ii) Unitemized	14344.35	54133.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	114612.37	325745.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	114612.37	325745.14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1066.83	4371.73
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	115679.20	330116.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	115679.20	330116.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	144000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4349.05	7413.83
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52349.05	153186.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	52349.05	153186.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	114612.37	325745.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114612.37	325745.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1773.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR David Pennes

Mailing Address Apt 303
2059 E Wyndham Hill Dr NE

City State Zip Code
Grand Rapids MI 49505-6358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14130307

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DR John Panaccione

Mailing Address 8673 Hampshire Glen Dr S

City State Zip Code
Jacksonville FL 32256-9565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Park Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 14237198

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Robert Domke

Mailing Address 4700 W Legacy Dr

City State Zip Code
Muncie IN 47304-5983

FEC ID number of contributing
federal political committee.

C

Name of Employer
IDE Imaging Group PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 14237243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daniel DiPrete

Mailing Address 380 Ocean Rd

City State Zip Code
 Narragansett RI 02882-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 14239445

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR John Agola

Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261256

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Cara Bonawitz

Mailing Address 105 Shoal Quay

City State Zip Code
 Chesapeake VA 23320-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261257

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City	State	Zip Code
Virginia Beach	VA	23451-4944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 14261259

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City	State	Zip Code
Hampton	VA	23666-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
tsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 14261260

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DR John DonnalMailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City	State	Zip Code
Norfolk	VA	23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, IOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 14261262

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code
 Virginia Beach VA 23454-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261263

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261264

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Yan Gao

Mailing Address 1521 Mirassou Ln

City State Zip Code
 Virginia Beach VA 23454-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261265

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. DR Susanne Grasso

Full Name (Last, First, Middle Initial)

Mailing Address Med Ctr Radiologists, Inc
 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261266

Amount of Each Receipt this Period

100.00

B. DR Michael Ho

Full Name (Last, First, Middle Initial)

Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261267

Amount of Each Receipt this Period

100.00

C. DR Lester Johnson

Full Name (Last, First, Middle Initial)

Mailing Address 1021 Downshire Chase

City State Zip Code
 Virginia Beach VA 23452-6154

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261268

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261271

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Hans Sachse

Mailing Address 4200 Faigle Rd

City State Zip Code
Portsmouth VA 23703-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261465

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Lamar Smith

Mailing Address Medical Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261468

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Thomas

Mailing Address 1037 Long Beeches Ave

City State Zip Code
 Chesapeake VA 23320-0681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261469

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Harlan Vingan

Mailing Address Medical Center Radiologists, Inc
 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261470

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Marshall Weissberger

Mailing Address Medical Center Radiologists
 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261672

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261674

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Robert Woolfitt

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261675

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261677

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

266.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kirstin Fiona Davis

Mailing Address 1005 Caton Dr

City State Zip Code
 Virginia Beach VA 23454-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.78

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261678

Amount of Each Receipt this Period

70.83

B. Full Name (Last, First, Middle Initial)

DR Yoonah Kim

Mailing Address 917 Kings Cross

City State Zip Code
 Virginia Beach VA 23452-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.42

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261908

Amount of Each Receipt this Period

83.33

C. Full Name (Last, First, Middle Initial)

DR Phillip Luebbert

Mailing Address 9528 25th Bay St

City State Zip Code
 Norfolk VA 23518-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.49

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261911

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional)

224.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kip Kang-L Park

Mailing Address Medical Center Radiologists, Inc
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14261914

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

B. DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code
Virginia Beach VA 23462-7492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262297

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. DR Adam Specht

Mailing Address 3309 Chappell Pl

City State Zip Code
Virginia Beach VA 23452-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262298

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional)

204.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Desencia Thomas
 Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code
 Chesapeake VA 23320-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.01

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262300

Amount of Each Receipt this Period

66.67

B. Full Name (Last, First, Middle Initial)
 DR John Agola
 Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262301

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
 DR Cara Bonawitz
 Mailing Address 105 Shoal Quay

City State Zip Code
 Chesapeake VA 23320-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262302

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

266.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City State Zip Code
Virginia Beach VA 23451-4944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262421

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City State Zip Code
Hampton VA 23666-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262423

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DR John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262424

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code
 Virginia Beach VA 23454-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262425

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262507

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Yan Gao

Mailing Address 1521 Mirassou Ln

City State Zip Code
 Virginia Beach VA 23454-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262508

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 19 / 112

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Susanne Grasso

Mailing Address Med Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262510

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Michael Ho

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262511

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Lester Johnson

Mailing Address 1021 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262512

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ronald King

Mailing Address 532 Rosalie Ct

City State Zip Code
 Virginia Beach VA 23462-4519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262560

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13
 6330 N Center Dr Ste 220

City State Zip Code
 Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262563

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Hans Sachse

Mailing Address 4200 Faigle Rd

City State Zip Code
 Portsmouth VA 23703-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262564

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Sarah Shaves

Mailing Address Medical Center Radiologists, Inc
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.29

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262607

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. DR Lamar Smith

Mailing Address Medical Ctr Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262609

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Richard Thomas

Mailing Address 1037 Long Beeches Ave

City State Zip Code
Chesapeake VA 23320-0681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262610

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Harlan Vingan

Mailing Address Medical Center Radiologists, Inc
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262612

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Marshall Weissberger

Mailing Address Medical Center Radiologists
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262613

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262689

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Woolfitt

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262690

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262692

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. DR Kirstin Fiona Davis

Mailing Address 1005 Caton Dr

City State Zip Code
Virginia Beach VA 23454-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.61

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262693

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional)

237.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Yoonah Kim
Mailing Address 917 Kings Cross

City State Zip Code
Virginia Beach VA 23452-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262694

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)
DR Phillip Luebbert
Mailing Address 9528 25th Bay St

City State Zip Code
Norfolk VA 23518-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262767

Amount of Each Receipt this Period

70.83

C. Full Name (Last, First, Middle Initial)
DR Kip Kang-L Park
Mailing Address Medical Center Radiologists, Inc
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code
Norfolk VA 23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.97

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262769

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

220.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code
 Virginia Beach VA 23462-7492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262770

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

B. DR Adam Specht

Mailing Address 3309 Chappell PI

City State Zip Code
 Virginia Beach VA 23452-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.75

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262835

Amount of Each Receipt this Period

70.83

Full Name (Last, First, Middle Initial)

C. DR Desencia Thomas

Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code
 Chesapeake VA 23320-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.68

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 14262836

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

204.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR James Junker

Mailing Address 16 Fox Meadows

City State Zip Code
Saint Louis MO 63127-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: 14398737

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR John Patti

Mailing Address North Shore Medical Center
81 Highland Ave

City State Zip Code
Salem MA 01970-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
John A. Patti, M.D., Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: 14403552

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)

DR Randolph Knific

Mailing Address 13400 Ponderosa Way

City State Zip Code
Fort Myers FL 33907-7853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Regional Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: 14403573

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Howard Holley

Mailing Address The Radiology Clinic
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 14510361

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Mark Robbins

Mailing Address Hot Springs Radiology Services
3633 Central Ave Ste D

City Hot Springs State AR Zip Code 71913-6475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hot Springs Rad Services

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 14510436

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Howard Ansel

Mailing Address 8310 Cedar Lake Rd S

City Saint Louis Park State MN Zip Code 55426-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741365

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Yogesh Patel

Mailing Address 7563 Pear Tree Lane

City State Zip Code
Sylvania OH 43560-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consulting Radiologists
Corp.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741366

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Richard Levine

Mailing Address St Johns Mercy Med Ctr
615 S New Ballas Rd

City State Zip Code
Saint Louis MO 63141-8221

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741367

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Philip Lund

Mailing Address Valley Medical Center
400 S 43rd St

City State Zip Code
Renton WA 98055-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741368

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Hartung

Mailing Address Radiology Group
1970 E 53rd St

City State Zip Code
Davenport IA 52807-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, PC, SC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741373

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

B. DR Leonard Berlin

Mailing Address 518 Meadow Dr W

City State Zip Code
Wilmette IL 60091-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741374

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Joel Canter

Mailing Address 8 Shelly Hill Rd

City State Zip Code
Stanfordville NY 12581-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dutchess Radiology Associ-
ates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741379

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Manuel Brown

Mailing Address Henry Ford Hospital
2799 W Grand Blvd

City State Zip Code
Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR William G. Bradley, JR

Mailing Address Univ of CA-San Diego
402 Dickinson St Ste 454

City State Zip Code
San Diego CA 92103-6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
San Diego

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741382

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR N Reed Dunnick

Mailing Address Univ of Michigan
1500 E Medical Center Dr

City State Zip Code
Ann Arbor MI 48109-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Michigan Health
System

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741383

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Dallas Lovelace, III

Mailing Address Radiology Associates PA
PO Box 468

City State Zip Code
Orangeburg SC 29116-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Michael Korona, JR

Mailing Address 118 Laurel Crossing

City State Zip Code
Huntington WV 25705-2659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741387

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR W Ross Stevens

Mailing Address Southern Illinois University
800 E Carpenter St

City State Zip Code
Springfield IL 62702-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHS Teleradiology Partners

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Tamas

Mailing Address 9 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Mark Adams

Mailing Address 12 Bordeaux Way

City

Fairport

State

NY

Zip Code

14450-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Rochester

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR James RauschMailing Address Fort Wayne Radiology
3707 New Vision Dr

City

Fort Wayne

State

IN

Zip Code

46845-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft Wayne Radiology Associ-
ation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Victor Scarmato

Mailing Address 14 Valley Rd

City

Glen Cove

State

NY

Zip Code

11542-1314

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Shore Univ Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Christine KurlandMailing Address Borg Imaging Group LLP
125 Lattimore Rd

City

Rochester

State

NY

Zip Code

14620-4159

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741394

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR James HeveziMailing Address S Texas Oncology & Hematology
7979 Wurzbach Rd

City

San Antonio

State

TX

Zip Code

78229-4427

FEC ID number of contributing
federal political committee.**C**Name of Employer
S Texas Oncology & Hemato-
logy

Occupation

Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741396

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Borgstede

Mailing Address 3995 Kakatosi Ln

City State Zip Code
 Colorado Springs CO 80908-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Springs Radiolog-
ists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741400

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DR David Kushner

Mailing Address 2020 Canal Rd

City State Zip Code
 Virginia Beach VA 23451-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR John DePersio

Mailing Address 657 Waverly Rd

City State Zip Code
 La Porte IN 46350-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Porte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741403

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ari Moore, JR

Mailing Address 1817 Craigmere Dr

City State Zip Code
 Charlotte NC 28226-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741404

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741420

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Alex Johnson

Mailing Address Radiology of Huntsville
 2006 Franklin St SE Ste 200

City State Zip Code
 Huntsville AL 35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741421

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Tobias Schifter

Mailing Address 2080 E La Vieve Ln

City State Zip Code
 Tempe AZ 85284-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists,
Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741425

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Gerald Mulligan

Mailing Address Marshfield Clinic
 1000 N Oak Ave

City State Zip Code
 Marshfield WI 54449-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshfield Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741426

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR James Rawson

Mailing Address Medical College of Georgia
 1120 15th St BA1414

City State Zip Code
 Augusta GA 30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741427

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Uma Mishra		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address Orange County Radiation Onc 2565 Route 9W		Transaction ID: 14741428	
City Cornwall State NY Zip Code 12518-1309		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Orange County Radiation Onc Occupation Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Prabhakar Tripuraneni		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address Scripps Clinic MSB 1 10666 N Torrey Pines Rd		Transaction ID: 14741432	
City La Jolla State CA Zip Code 92037-1027		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Scripps Clinic Medical Group Occupation Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) DR James Thrall		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6	
Mailing Address Massachusetts General Hospital 55 Fruit St		Transaction ID: 14741433	
City Boston State MA Zip Code 02114-2621		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts General Hospital Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Ellen Wolf		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address Montefiore Hospital 111 E 210th St		Transaction ID: 14741435
City State Zip Code Bronx NY 10467-2401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Montefiore Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) DR Robert J. Paul, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address 760 Woods Hollow Ln		Transaction ID: 14741439
City State Zip Code Powell OH 43065-7658	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) DR Cassandra Foens		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address Covenant Cancer Treatment Ctr 200 E Ridgeway Ave		Transaction ID: 14741440
City State Zip Code Waterloo IA 50702-5060	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Clinical Radiologists PC	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Lori Deitte
Mailing Address 3907 Barcelona Ave

City State Zip Code
Jacksonville FL 32207-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Florida Jac-
ksonville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741442

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Irving Ehrlich
Mailing Address 1727 Cleveland Ave

City State Zip Code
Wyomissing PA 19610-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
JIT Winston Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741443

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Stanley Ignatow
Mailing Address 546 Woodbrook Ln

City State Zip Code
Cincinnati OH 45215-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Radiology,
Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741454

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Mark Alson
Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741455

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Thomas Philbrick
Mailing Address 217 E Jones St

City State Zip Code
Savannah GA 31401-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Savannah Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741456

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Mark Yeh
Mailing Address 330 Cordova St Unit 311

City State Zip Code
Pasadena CA 91101-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill Medical Corp.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741457

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kimberly Applegate

Mailing Address 640 Morningside Dr

City State Zip Code
 Zionsville IN 46077-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riley Hospital for Children

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741458

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Valerie Jackson

Mailing Address Indiana University Sch of Med
 550 University Blvd

City State Zip Code
 Indianapolis IN 46202-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University Sch of Med

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741461

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR George Binder

Mailing Address 401 Lakeshore Dr

City State Zip Code
 Fayetteville NC 28305-5210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Regional Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741517

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Philip Alderson

Mailing Address Columbia Presbyterian Med Ctr
180 Fort Washington Ave Rm 3-320

City State Zip Code
New York NY 10032-3735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741557

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Gregg Baran

Mailing Address 2130 Coffee Pot Blvd NE

City State Zip Code
Saint Petersburg FL 33704-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741558

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Robert Drake Beauchamp

Mailing Address 1901 Ocean Dr

City State Zip Code
Corpus Christi TX 78404-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging of S Te-
xas

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741559

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Nancy Gregory

Mailing Address 17615 Stonebrook Dr

City State Zip Code
 Northville MI 48167-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Hal Safrit

Mailing Address 111 Oakstone Dr

City State Zip Code
 Chapel Hill NC 27514-9585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Durham Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Charles Luttenton

Mailing Address 4100 Mahogany Way Ct NE

City State Zip Code
 Grand Rapids MI 49525-9558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology Servic-
es, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR George Belhobek

Mailing Address Cleveland Clinic Hospital
9500 Euclid Ave Rm A21

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing federal political committee.

C

Name of Employer
Cleveland Clinic Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741564

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Richard Szucs

Mailing Address 3526 Crossings Way

City Midlothian State VA Zip Code 23113-6348

FEC ID number of contributing federal political committee.

C

Name of Employer
Commonwealth Radiology,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Milton J. Guiberteau

Mailing Address 1000 Uptown Park Blvd Apt 253

City Houston State TX Zip Code 77056-3243

FEC ID number of contributing federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741583

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Philip Rogoff

Mailing Address 58 Rogers Rd

City State Zip Code
 Carlisle MA 01741-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Auburn Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741586

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Donald Denny, JR

Mailing Address 76 Stetson Way

City State Zip Code
 Princeton NJ 08540-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741587

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Lawrence Davis

Mailing Address Long Island Jewish Med Ctr
 27005 76th Ave 2nd Fl

City State Zip Code
 New Hyde Park NY 11040-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harper Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741588

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kate Feinstein

Mailing Address University of Chicago Hospital
5841 S Maryland Ave

City State Zip Code
Chicago IL 60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago Hos-
pital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 14741591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Clayton Trimmer

Mailing Address 2005 Cottonwood Valley Cir S

City State Zip Code
Irving TX 75038-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas South-
west

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Ullrich

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Venkata Devineni

Mailing Address De Paul Cancer Care
12303 De Paul Dr

City State Zip Code
Hazelwood MO 63044-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741629

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Phillip Devlin

Mailing Address Brigham & Womens Hosp
75 Francis St

City State Zip Code
Boston MA 02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Medical School

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741630

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Loralie Ma

Mailing Address 11605 Mirror Pond Ct

City State Zip Code
Fulton MD 20759-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Jeffrey Young		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 6	
Mailing Address Maine Medical Center 22 Bramhall St		Transaction ID: 14741640	
City Portland		Amount of Each Receipt this Period 250.00	
State ME			
Zip Code 04102-3134			
FEC ID number of contributing federal political committee. C			
Name of Employer Spectrum Medical Center		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Sheldon Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 6	
Mailing Address Mary Bird Perkins Cancer Ctr 4950 Essen Ln		Transaction ID: 14741641	
City Baton Rouge		Amount of Each Receipt this Period 500.00	
State LA			
Zip Code 70809-3432			
FEC ID number of contributing federal political committee. C			
Name of Employer Southeast LA Radiation On- cology Group		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) DR Rodney Owen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 6	
Mailing Address 9122 N 60th St		Transaction ID: 14741660	
City Paradise Valley		Amount of Each Receipt this Period 250.00	
State AZ			
Zip Code 85253-1735			
FEC ID number of contributing federal political committee. C			
Name of Employer Southwest Diagnostic Imag- ing		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Karsten Konerding

Mailing Address 205 Cyril Ln

City State Zip Code
 Richmond VA 23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741661

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Matthew McAlister

Mailing Address Baxter Regional Medical Ctr
 624 Hospital Dr

City State Zip Code
 Mountain Home AR 72653-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741662

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Susan John

Mailing Address Univ of TX Med School
 6431 Fannin St MSB 2.132

City State Zip Code
 Houston TX 77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of TX Med. School

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jeffrey Kempf

Mailing Address 4 Snowbird Ct

City State Zip Code
 Princeton Junction NJ 08550-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Radiology Group,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741671

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Kathleen Barry

Mailing Address 1186 Buckingham Ave

City State Zip Code
 Birmingham MI 48009-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741678

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Lawrence Bogle, III

Mailing Address 6219 Avenida Cresta

City State Zip Code
 La Jolla CA 92037-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Barry D. Pressman

Mailing Address Cedars-Sinai Medical Center
8700 Beverly Blvd Rm M313

City State Zip Code
West Hollywood CA 90048-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars-Sinai Medical Cent-
er

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741682

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Jesse Wilson

Mailing Address Medical College of Wisconsin
8701 W Watertown Plank Rd

City State Zip Code
Milwaukee WI 53226-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wiscon-
sin

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Mary Turner

Mailing Address Med College of Va Hospitals
Box 980615

City State Zip Code
Richmond VA 23298-0615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med College of Va Hospita-
ls

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Bedwinek		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address Missouri Cancer Care 1092 Wentzville Pkwy		Transaction ID: 14741711	
City State Zip Code Wentzville MO 63385-3437		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Cancer Care		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Richard Mintzer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 1755 Orchid Ct		Transaction ID: 14741713	
City State Zip Code Highland Park IL 60035-5521		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Imaging of Northbrook County		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) DR James Jelinek		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address Washington Hospital Center 110 Irving St NW BA94		Transaction ID: 14741718	
City State Zip Code Washington DC 20010-2976		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Center Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joaquin G. Mira

Mailing Address Cancer Therapy Research Ctr
7979 Wurzbach Rd

City State Zip Code
San Antonio TX 78229-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Thomas Seward

Mailing Address 222 Oxford Ave

City State Zip Code
Terrace Park OH 45174-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael J. Seider

Mailing Address Summa Health System
75 Arch St Ste 410

City State Zip Code
Akron OH 44304-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cancer Care Ltd.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Nicholas Detorie

Mailing Address 619 Wood Lot Trail Rd

City State Zip Code
 Annapolis MD 21401-6468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins

Occupation
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Timothy Crummy

Mailing Address 2517 Middleton Beach Rd

City State Zip Code
 Middleton WI 53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741768

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Seungho Howard Lee

Mailing Address 162 Deer Run

City State Zip Code
 Watchung NJ 07069-5938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Gregg A. Bogost
 Mailing Address 6203 S Highlands Ave

City State Zip Code
 Madison WI 53705-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Madison Radiologists, SC

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741781

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR William Mark White
 Mailing Address 715 Pin Oak Dr

City State Zip Code
 Searcy AR 72143-4570

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Associates, P.A.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741783

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
 DR Ethan Tarasov
 Mailing Address 65 Poor Farm Rd

City State Zip Code
 Pennington NJ 08534-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Aff. of Central
 NJ

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741790

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Daniel Starnes
 Mailing Address 6414 E Valley Ct

City State Zip Code
 Nashville TN 37205-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rad Alliance

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14741791

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
 DR Kurt Tech
 Mailing Address 84 Stephens Rd

City State Zip Code
 Grosse Pointe Farm MI 48236-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
 William Beaumont Hospital

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741903

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 DR Carl Kalbhen
 Mailing Address 5728 Butler Ln

City State Zip Code
 Long Grove IL 60047-8243

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Radiology Assoc-
 iates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741904

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Benator

Mailing Address Florida Pediatric Assoc
1033 Dr MLK Jr St N Ste 108

City State Zip Code
Saint Petersburg FL 33701-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Pediatric Associa-
tion

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741905

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Colon, M.D.

Mailing Address Montehiedra 247 Reina Mora

City State Zip Code
San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Puerto Rico
School of Me

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Josie Alpers

Mailing Address 6609 E Split Rock Cir

City State Zip Code
Sioux Falls SD 57110-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med X-Ray

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Elaine LewisMailing Address Reading Hospital & Medical Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

FEC ID number of contributing
federal political committee.**C**Name of Employer
West Reading Radiology As-
sociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741915

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Cynthia Sherry

Mailing Address 6615 Glendora Ave

City Dallas State TX Zip Code 75230-5219

FEC ID number of contributing
federal political committee.**C**Name of Employer
Presbyterian Hospital Dal-
lasOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Steven TeplickMailing Address Univ of South Alabama
2451 Fillingim St 301 Mastin Bld

City Mobile State AL Zip Code 36617-2238

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of South AlabamaOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	6

Transaction ID: 14741917

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Norman Thomson, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address Radiology Assoc of Savannah PC 5105 Paulsen St Ste C140		Transaction ID: 14741918
City Savannah State GA Zip Code 31405-4621	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Assoc of Savannah Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) DR Mark Bernardy		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address 1031 Jimson Dr SE		Transaction ID: 14741922
City Conyers State GA Zip Code 30013-2064	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) DR Thomas Loflin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 6
Mailing Address 7408 Ashland Ln		Transaction ID: 14741923
City Birmingham State AL Zip Code 35242-2568	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Radiological Group Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Alkis Zingas

Mailing Address Saint John Detroit Riverview Hosp
7733 E Jefferson Ave

City State Zip Code
Detroit MI 48214-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.E. Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Donald Schwarz

Mailing Address 6514 Copper Creek Dr

City State Zip Code
Dallas TX 75248-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Richard Taxin

Mailing Address 5 Hilltop Rd

City State Zip Code
Rose Valley PA 19086-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741970

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Duane Mezwa
 Mailing Address 3250 Quail Ridge Cir

City State Zip Code
 Rochester Hills MI 48309-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer
 William Beaumont Hospital

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741971

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Alan Kaye
 Mailing Address Bridgeport Hospital
 267 Grant St

City State Zip Code
 Bridgeport CT 06610-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advanced Radiology Consul-
 tants

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741972

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Arthur Segal
 Mailing Address Rochester General Hospital
 1425 Portland Ave

City State Zip Code
 Rochester NY 14621-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rochester Radiology Assoc-
 iates, PC

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741973

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Harry Knipp

Mailing Address 603 Earlton Ct

City State Zip Code
 Reisterstown MD 21136-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741977

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR R Terrell Frey

Mailing Address 8700 Deeprun Ln

City State Zip Code
 Cincinnati OH 45243-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical X-Ray, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741978

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Bruce Hillman

Mailing Address Univ of Virginia
 PO Box 800170

City State Zip Code
 Charlottesville VA 22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Virginia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jerome Gehl

Mailing Address 33 Edgehill Rd

City State Zip Code
 Little Rock AR 72207-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741980

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Albert Blumberg

Mailing Address Greater Baltimore Medical Ctr
 6701 N Charles St

City State Zip Code
 Baltimore MD 21204-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical
Ctr

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741981

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Ronald Cordell

Mailing Address Associated Radiologists Inc
 PO Box 11137

City State Zip Code
 Charleston WV 25339-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists,
Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741989

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles Mueller, JR

Mailing Address Advanced Diagnostic Imaging PC
3037 Silverwood Dr

City State Zip Code
Saginaw MI 48603-2171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Timothy Farrell

Mailing Address 25 Westwind Dr

City State Zip Code
Lemoyne PA 17043-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Imaging & Therape-
utic Associat

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741991

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Francis McWilliams

Mailing Address 1840 Madison Rd

City State Zip Code
Cincinnati OH 45206-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Radiology In-
c.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Tarver

Mailing Address 4575 S 800 W

City State Zip Code
 New Palestine IN 46163-9172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Univ. School of
Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 6

Transaction ID: 14741993

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Gail Morgan

Mailing Address 1511 40th Ave

City State Zip Code
 Seattle WA 98122-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14741999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR James Schmutz

Mailing Address 2964 Balboa Dr

City State Zip Code
 Idaho Falls ID 83404-7498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Imaging Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742005

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Hines

Mailing Address 210 Nassau Rd

City State Zip Code
Huntington NY 11743-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Jewish Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742006

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Jacqueline Bello

Mailing Address Montefiore Medical Center
111 E 210th St

City State Zip Code
Bronx NY 10467-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Neuroradiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742007

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR JoAnne Lacey

Mailing Address 108 Frontenac Frst

City State Zip Code
Frontenac MO 63131-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Rieke
Mailing Address 5001 88th Ave SE

City State Zip Code
Mercer Island WA 98040-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multi Care Health System

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742009

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DR Gary Dillehay
Mailing Address Loyola Univ Med Ctr
2160 S 1st Ave

City State Zip Code
Maywood IL 60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola Univ Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742027

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Mitchell Goldman
Mailing Address North Shore University Hosp
300 Community Dr

City State Zip Code
Manhasset NY 11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore University Ho-
sp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Nicholas Carlevato

Mailing Address Great Basin Imaging
2874 N Carson St Ste 300

City State Zip Code
Carson City NV 89706-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Basin Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742029

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Loretta Lawrence

Mailing Address 62 Rockcrest Rd

City State Zip Code
Manhasset NY 11030-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore University Ho-
spital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742030

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR George Autz

Mailing Address 7 Sycamore Dr

City State Zip Code
Port Washington NY 11050-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore University Ho-
spital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Clifford Douglas Phillips

Mailing Address 4630 Mockernut Ln

City

Earlsville

State

VA

Zip Code

22936-9699

FEC ID number of contributing
federal political committee.

C

Name of Employer
UVA Neuroradiology Flwshp
Prog

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742042

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. DR Edward Elliott

Mailing Address 4070 S Lake Ct

City

Decatur

State

IL

Zip Code

62521-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Memorial Hospital

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14742104

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Martha Mainiero		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address Rhode Island Hospital 593 Eddy St		Transaction ID: 14742105	
City Providence State RI Zip Code 02903-4923		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rhode Island Medical Imaging Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Christoph Wald		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 345 Nahant Rd		Transaction ID: 14742120	
City Nahant State MA Zip Code 01908-1610		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Lahey Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) DR Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 60 Intervale Rd		Transaction ID: 14742124	
City Providence State RI Zip Code 02906-4842		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rhode Island Medical Imaging Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eric Spickler

Mailing Address 151 Manorwood Dr

City State Zip Code
 Bloomfield Hills MI 48304-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14742126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Bennett Greenspan

Mailing Address Univ of MO Med Ctr
 1 Hospital Dr

City State Zip Code
 Columbia MO 65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MO Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14742129

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR John Renz

Mailing Address Mobile Infirmary Medical Center
 PO Box 2144

City State Zip Code
 Mobile AL 36652-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobile Infirmary Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14742130

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Raymond Bertino

Mailing Address OSF-St Francis Med Ctr
530 NE Glen Oak Ave

City Peoria State IL Zip Code 61637-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Illinois Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14742131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Mark Stein

Mailing Address 18951 Glenmount Ter

City Irvine State CA Zip Code 92603-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 14742133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR James Thrall

Mailing Address Massachusetts General Hospital
55 Fruit St

City Boston State MA Zip Code 02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts General Hos-
pital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 14742136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Clarence Davis, III

Mailing Address 609 Spring Lake Rd

City State Zip Code
Columbia SC 29206-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Radiology Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

Transaction ID: 14742138

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Ralph Wells

Mailing Address 1325 Saint Mary St

City State Zip Code
Jackson MS 39202-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Radiology Associa-
tesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

Transaction ID: 14742141

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
DR William Zimmer

Mailing Address X-Ray Associates of NM, PC
8020 Constitution PI NE Ste 202

City State Zip Code
Albuquerque NM 87110-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Associates of NM,
PCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

Transaction ID: 14742156

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jerrold Teitcher

Mailing Address 386 Links Dr

City State Zip Code
Oceanside NY 11572-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mem Sloan-Kettering Can
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 14742158

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Robert Rosengart

Mailing Address PO Box 26430

City State Zip Code
Macon GA 31221-6430

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAM, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 14742161

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR James Bezreh

Mailing Address South Shore Hospital
55 Fogg Rd

City State Zip Code
South Weymouth MA 02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 14742166

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Mark Luedke Mailing Address 26 Hooper Hill Rd City New Boston State NH Zip Code 03070-3804 FEC ID number of contributing federal political committee. C Name of Employer SNHRC Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14742177 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) DR Valerie Jewells Mailing Address Univ of NC School of Medicine 100 Manning Dr CB 7570 City Chapel Hill State NC Zip Code 27599-0001 FEC ID number of contributing federal political committee. C Name of Employer University of NC School of Medicine Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14742178 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	6																							
250.00																																
C. Full Name (Last, First, Middle Initial) DR Mark Bohlman Mailing Address Johns Hopkins Bayview Med Ctr 4940 Eastern Ave City Baltimore State MD Zip Code 21224-2735 FEC ID number of contributing federal political committee. C Name of Employer John Hopkins Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14742179 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Frieda Feldman

Mailing Address Columbia-Presbyterian Med Center
622 W 168th St

City State Zip Code
New York NY 10032-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia-Presbyterian Med
Cent

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Harvey Neiman

Mailing Address American College of Radiology
1891 Preston White Dr

City State Zip Code
Reston VA 20191-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Radio-
logy

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742181

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Michael Murray

Mailing Address E C Green Cancer Center
1717 High St

City State Zip Code
Hopkinsville KY 42240-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742186

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR E Stephen Amis, JR

Mailing Address Montefiore Med Ctr
111 E 210th St

City State Zip Code
Bronx NY 10467-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center,
Bronx, NY

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742187

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Paul Wong

Mailing Address Aultman Hospital
2600 6th St SW

City State Zip Code
Canton OH 44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Canton

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742190

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Wilson Wong

Mailing Address 1419 San Carlos Rd

City State Zip Code
Arcadia CA 91006-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arcadia Radiology Medical
Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 14742191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Rona Woldenberg

Mailing Address 6 Cove Ln

City	State	Zip Code
Great Neck	NY	11024-1723

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Shore University Ho-
spOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 14742192

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR David Eckmann

Mailing Address 45 S Deep Lake Rd

City	State	Zip Code
St Paul	MN	55127-6312

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Paul RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 14742195

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Arthur Radow

Mailing Address 7111 N Desert Fairways Dr

City	State	Zip Code
Paradise Valley	AZ	85253-3338

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arizona Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 14742196

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Matthew Pollack

Mailing Address 3780 Tiffany Dr

City State Zip Code
 Easton PA 18045-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742227

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City State Zip Code
 Peoria IL 61615-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Illinois Radiology
Association

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742228

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Kathleen Ward

Mailing Address 13131 S Longwood Ct

City State Zip Code
 Palos Park IL 60464-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola University Physi-
cian Foundation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Beverly Coleman

Mailing Address Univ of Pennsylvania Med Ctr
3400 Spruce St

City State Zip Code
Philadelphia PA 19104-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital of the Univ of
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742234

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR James Halverson

Mailing Address 15256 Wild Wings

City State Zip Code
Minnetonka MN 55345-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Nicollet Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742237

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Gordon Beute

Mailing Address 6411 Wardell Ct

City State Zip Code
West Bloomfield MI 48324-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health Care Sy-
stems

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742242

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles Heller

Mailing Address 280 Whites Hill Ln

City

Fairfield

State

CT

Zip Code

06824-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology Consul-
tants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Michael Schiering

Mailing Address Radiology Associates
1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742246

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Hendrick, JR

Mailing Address 43 Clarks Chapel Rd

City

Nassau

State

NY

Zip Code

12123-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Care Physicians

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742248

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Richard Strax

Mailing Address 8719 Pasture View Ln

City State Zip Code
Houston TX 77024-7040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Association

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742249

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Vickie Massey

Mailing Address 805 W 51st St

City State Zip Code
Kansas City MO 64112-2372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas City Cancer Centers

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742250

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Anthony Bruzzese

Mailing Address 10 Eagle Ln

City State Zip Code
East Greenwich RI 02818-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toll Gate Radiology Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742252

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Marder

Mailing Address Washington Radiology Assoc
2141 K St NW Ste 900

City State Zip Code
Washington DC 20037-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742262

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Kathryn Gardner

Mailing Address 7674 Brandon Rd

City State Zip Code
New Albany OH 43054-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Gary Podgorski

Mailing Address Maury Regional Hospital
1224 Trotwood Ave

City State Zip Code
Columbia TN 38401-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Radiology Associ-
ates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742265

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Manuel Rose

Mailing Address 14334 Eagle Pointe Dr

City State Zip Code
 Clearwater FL 33762-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Spec-
ialists, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742301

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Alan Matsumoto

Mailing Address 3302 Rosebud Ln

City State Zip Code
 Charlottesville VA 22903-9348

FEC ID number of contributing
federal political committee.

C

Name of Employer
UVA Health System

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742302

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Julie Matsumoto

Mailing Address 3302 Rosebud Lane

City State Zip Code
 Charlottesville VA 22903-9348

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 6

Transaction ID: 14742303

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Phan Huynh
Mailing Address 4522 Pin Oak Ln

City State Zip Code
Bellaire TX 77401-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's Episcopal Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14747973

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Donald Allen
Mailing Address 2908 Smithfield Ct

City State Zip Code
Fredericksburg VA 22408-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Fredericksburg

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14747975

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Matthew Mauro
Mailing Address Univ of NC Hosp CB 7510
101 Manning Dr., 2006 Old Clinic

City State Zip Code
Chapel Hill NC 27514-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of North Carolina Ho-
sp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 6

Transaction ID: 14747976

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Darlene Metter

Mailing Address 214 Gardenview

City State Zip Code
 San Antonio TX 78213-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas HSC San Antonio

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14747981

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR David Desrochers

Mailing Address 599 Blackbeards Vw

City State Zip Code
 Bath NC 27808-9491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14748904

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Ronald Hubball

Mailing Address 11715 Mackey St

City State Zip Code
 Overland Park KS 66210-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
QHS Teleradiology Partners

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14748905

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Anne RobertsMailing Address UCSD Med Ctr Thornton Hospital
9300 Campus Point DrCity State Zip Code
La Jolla CA 92037-1300FEC ID number of contributing
federal political committee.**C**Name of Employer
UCSD Medical CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	6

Transaction ID: 14748908

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Ellen TaborMailing Address West Penn Hospital
4800 Friendship AveCity State Zip Code
Pittsburgh PA 15224-1722FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates of
Western PA, PCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	6

Transaction ID: 14748916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Allison Aguado

Mailing Address 127 Old Short Hills Rd Apt 154

City State Zip Code
West Orange NJ 07052-1059FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Barnabas Medical Cent-
erOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	6

Transaction ID: 14749350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joseph G. Ciotola

Mailing Address 3 Backfield Cir

City State Zip Code
 Sugarloaf PA 18249-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hazleton Radiology Associ-
ates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 14749351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Burt Weyhing, III

Mailing Address 158 Kenwood Rd

City State Zip Code
 Grosse Pointe Farm MI 48236-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
L. Reynolds & Associates,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 14927439

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City State Zip Code
 Conyers GA 30013-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bernard Masters, III

Mailing Address 6 Misty Ln

City State Zip Code
 Greenville SC 29615-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Univ of South Car-
olin

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City State Zip Code
 Little Rock AR 72212-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Marie Taylor

Mailing Address Washington University
 4921 Parkview Pl

City State Zip Code
 Saint Louis MO 63110-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wash Univ. School of Medi-
cine

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bibb Allen, JR

Mailing Address Montclair Outpatient Center
800 Montclair Rd

City State Zip Code
Birmingham AL 35213-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montclair Baptist Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991228

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code
Bettendorf IA 52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code
Waban MA 02468-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Raskin

Mailing Address University Medical Center
7710 NW 71st Ct Ste 207

City State Zip Code
Tamarac FL 33321-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
Dallas TX 75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 14991232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072020

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 112

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Anna Chacko

Mailing Address 9 Fieldstone Dr

City State Zip Code
Winchester MA 01890-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072022

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR Rajiv Sharma

Mailing Address Charlotte Radiology
1701 East Blvd

City State Zip Code
Charlotte NC 28203-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072023

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
DR David Marcantonio

Mailing Address Georgia West Imaging
119 Maple St Ste 205

City State Zip Code
Carrollton GA 30117-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072026

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Stephen Agatston
 Mailing Address 3206 Saint Johns Dr

City State Zip Code
 Dallas TX 75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072028

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
 DR Kent Lancaster
 Mailing Address Radiology Associates of Berrien
 777 Riverview Dr Ste D208

City State Zip Code
 Benton Harbor MI 49022-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072029

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
 DR Terry Martin
 Mailing Address Rad Assoc of Birmingham PC
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072030

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
 Williamsville NY 14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072039

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
 Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072044

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
 Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072046

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jorge Albin

Mailing Address 645 Mulberry Ln

City	State	Zip Code
Bellaire	TX	77401-3803

FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph Radiology Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: 15072048

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)

DR Edward Black

Mailing Address Charlotte Radiology PA
PO Box 36937

City	State	Zip Code
Charlotte	NC	28236-6937

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte Radiology PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: 15072049

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City	State	Zip Code
Birmingham	AL	35242-7402

FEC ID number of contributing
federal political committee.**C**Name of Employer
Birmingham Radiological
Group P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: 15072053

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

158.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
Charlotte NC 28211-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072058

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
DR Vittorio Antonacci

Mailing Address 10609 Lederer Ave

City State Zip Code
Charlotte NC 28277-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072090

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code
Charlotte NC 28211-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072091

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072093

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072127

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code
 Arden Hills MN 55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072186

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City State Zip Code
 Fuquay Varina NC 27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072187

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
 Lenoir NC 28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072191

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
 Monroe NC 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072192

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Michael Kelley
 Mailing Address 2500 Maynard Rd

City State Zip Code
 Charlotte NC 28270-0754

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072196

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
 DR Alfred Mansour, JR
 Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing federal political committee.

C

Name of Employer
Central LA Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072199

Amount of Each Receipt this Period

83.34

C. Full Name (Last, First, Middle Initial)
 DR Varian C. Scott, III
 Mailing Address Radiology Assoc of Birmingham PC
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Assoc of BirminghamOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 15072201

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Christopher Ullrich Mailing Address Charlotte Radiology PA PO Box 36937 City Charlotte State NC Zip Code 28236-6937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: 15072202 Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 710.00		
B. Full Name (Last, First, Middle Initial) DR Fred Lassiter Mailing Address Charlotte Radiology PO Box 36937 City Charlotte State NC Zip Code 28236-6937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: 15072205 Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		
C. Full Name (Last, First, Middle Initial) DR Daniel Schwarz Mailing Address Charlotte Radiology PO Box 36937 City Charlotte State NC Zip Code 28236-6937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: 15072206 Amount of Each Receipt this Period 42.00
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		
SUBTOTAL of Receipts This Page (optional)		126.00
TOTAL This Period (last page this line number only)		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Susan Mulligan
Mailing Address 2000 Country Ridge Cir

City State Zip Code
Birmingham AL 35243-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
BirminghamOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: 15072208

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR Lonnie Simmons
Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: 15072215

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

91.67

TOTAL This Period (last page this line number only)

100268.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 112

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4371.73

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15383070

Amount of Each Receipt this Period

1066.83

Interest

SUBTOTAL of Receipts This Page (optional)

1066.83

TOTAL This Period (last page this line number only)

1066.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 112

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Clay Shaw

Mailing Address P.O. Box 2188
2600 Ne 14th. Street Causeway

City Fort Lauderdale State FL Zip Code 33303

Purpose of Disbursement

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 22

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 14036783

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 14036805

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement

Candidate Name
Sen. John E. Ensign

Office Sought: ☐ House
☒ Senate
☐ President

State: NV District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 14036787

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 14036773

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Tim F. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 14036822

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 14036780

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 112

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code
 Battle Creek MI 49016

Purpose of Disbursement

Candidate Name
 Rep. Joe Schwarz, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 7

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 14036774

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Bilbray For Congress

Mailing Address 2466 Unicornio St

City State Zip Code
 Carlsbad CA 92009

Purpose of Disbursement

Candidate Name
 Mr. Brian Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 50

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 14036760

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City State Zip Code
 Metairie LA 70011

Purpose of Disbursement

Candidate Name
 Rep. Bobby Jindal

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 14036767

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 112

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Ed Bryant for U S Senate Inc

Mailing Address 5763 Summer Trees Drive
PO Box 3115

City Memphis State TN Zip Code 38134

Purpose of Disbursement

Candidate Name
Ed Bryant

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14036766

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doc PAC

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14036786

Date of Disbursement

05 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14260620

Date of Disbursement

05 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14036759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Sue Kelly For Congress

Mailing Address PO Box 599

City Katonah State NY Zip Code 10536

Purpose of Disbursement

Candidate Name
Rep. Sue W. Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14260623

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Mary Bono Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name
Rep. Mary Bono

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 45

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14036761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael C. Burgess, M.D.

Office Sought:

☒ House

☐ Senate

☐ President

State: TX

District: 26

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 14036834

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Phil English

Office Sought:

☒ House

☐ Senate

☐ President

State: PA

District: 3

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 14237001

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Together for Our Majority Political Action Committ

Mailing Address PO Box 16488

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 14036796

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City
Stonington

State
CT

Zip Code
06378

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robert R. Simmons

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 14236993

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CAPPAC

Mailing Address 38 IVY ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14578126

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bass Victory Committee

Mailing Address PO Box 3451

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles F. Bass

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 14260622

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Paula Hollinger For Congress

Mailing Address P.O. Box 5861

City
Baltimore

State
MD

Zip Code
21282

Purpose of Disbursement

011

Category/
Type

Candidate Name
Paula Hollinger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 3

Transaction ID: 14036800

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address 162 Hurt Street Ne

City
Atlanta

State
GA

Zip Code
30307

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. David A. Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 14036809

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee

Mailing Address Post Office Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Richard M. Burr

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 2

Transaction ID: 14036815

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Deborah Pryce

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 14578127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Cochran

Mailing Address PO Box 7183

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Thad Cochran

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 1

Transaction ID: 13911489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

48000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15383069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4349.05

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

4349.05

TOTAL This Period (last page this line number only)

4349.05